

<b>GOVERNMENT QUALITY ASSURANCE (QA) REPORT</b> (ATTACH ADDITIONAL SHEETS IF NECESSARY)					DATE Enter Date (DD/MMM/YY)	
CONTRACT NO Enter Cnt# Here		TITLE AND LOCATION Enter Title and Location of Construction Contract Here			REPORT NO Enter Report # Here	
Status	WORKING?	YES	NO	IF NO, WHY NOT: _____ _____		
		<input type="checkbox"/>	<input type="checkbox"/>			
WEATHER CONDITIONS: _____						
Check Points		YES	NO	REMARKS:		
	SUPERINTENDENT ON SITE	<input type="checkbox"/>	<input type="checkbox"/>			
	QC MANAGER ON SITE	<input type="checkbox"/>	<input type="checkbox"/>			
	QC REPORTS CURRENT	<input type="checkbox"/>	<input type="checkbox"/>			
	AS-BUILTS CURRENT	<input type="checkbox"/>	<input type="checkbox"/>			
	SUBMITTALS APPROVED FOR FOR ONGOING WORK	<input type="checkbox"/>	<input type="checkbox"/>			
	DEFICIENCY LIST REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>			
WORK OBSERVED/DEFICIENCIES NOTED/SAFETY ISSUES DISCUSSED/QA TESTS AND RESULTS:						
Schedule Activity No	DESCRIBE OBSERVATIONS					
MEETING/CONFERENCE NOTES (INCLUDING PARTICIPANTS):						
Schedule Activity No.	NOTES					
INSTRUCTIONS GIVEN OR RECEIVED/CONTROVERSIES PENDING:						
Schedule Activity No.	INSTRUCTIONS/CONTROVERSIES					
_____ QA REPRESENTATIVE						
_____ DATE						
_____ SUPV INITIALS						
_____ DATE						